

Albert & Harriet
Mecham
Family

ORDER ON DOCTOR

TO DOCTOR

R. R. Green M.D.
(Insert Name of Doctor)

Address

Heber, Wis.

THE BEARER

Ray L. Kinsey
(Insert Name of Injured employee)

claims that he was injured *11-4-69* while in our employ.
(Date)

Please render necessary treatment and report his condition to Claim Dept., EMPLOYERS MUTUAL LIABILITY INSURANCE COMPANY OF WISCONSIN on "Surgeon's or Physician's First Report" form.

If injury is not one covered under the Workmen's Compensation Law, liability is limited to payment for first examination.

Walter Hallam Coats
(Name of Employer)

Box B-
(Street and Number)

Heber Wis.
(City) (State)

Date *10-4-69*

By *Jack A. Kean*

NOTICE TO EMPLOYER

Forward "Employer's First Report" to company immediately to insure prompt handling of the claim.

NOTICE TO DOCTOR

Forward "Physician's or Surgeon's First Report" to company immediately and attach this "Order on Doctor." Forward "Physician's or Surgeon's Supplementary Report" at two week intervals until the employee is ready to resume work. At termination of the disability period, forward "Physician's or Surgeon's Final Report" including your itemized bill if the employee has been discharged from treatment. These forms may be secured by writing to the nearest office listed below.

Employers Insurance of Wausau

EMPLOYERS INSURANCE CLAIM INDEX OFFICES IN THE FOLLOWING CITIES:

ATLANTA, GA.
BALTIMORE, MD.
BELMONT, MASS.
BUFFALO, N.Y.
CHARLOTTE, N.C.
DALLAS, TEX.
DENVER, COLO.
DES MOINES, IA.
DETROIT, MICH.

EAST ORANGE, N.J.
EDINA, MINN.
HOUSTON, TEX.
INDIANAPOLIS, IND.
KANSAS CITY, MO.
LITTLE ROCK, ARK.
LOS ANGELES, CAL.
MILWAUKEE, WIS.
NEW ORLEANS, LA.

NEW YORK, N.Y.
OMAHA, NEB.
PHILADELPHIA, PA.
PORTLAND, ORE.
RIVER FOREST, ILL.
ST. LOUIS, MO. (CLAYTON)
SAN FRANCISCO, CAL.
SYRACUSE, N.Y.
WAUSAU, WIS.

CONSULT YOUR LOCAL DIRECTORY FOR COMPLETE ADDRESS

Julia
Edwin
Maudie
Mazzetta
Harrich
Harrich
Maudie



Robert

Top L to R

Lula Albert
Nechan

Alfred Harriet
(Nora)

Myrtle

Front: Harriet Margaret Harriet
Jen